

Sponsor Name _____
 Kitchen Facility Name _____

At-Risk Delivery/Pickup Slip

Site:																								
Date of Delivery	Items	Serving Size	Number of Servings																					
Temperature upon Transport: _____ Temperature upon Delivery: _____ <i>Comments on Quality, Appearance, Freshness and Portion Size (To be filled out by site employee):</i> Please describe the food when it arrived. Rate the following with 1 being worst; 5 being best: <table border="0"> <tr> <td>Overall appearance of food:</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>Overall quality of food:</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>Proportion size (opinion):</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </table> Additional Comments: _____ _____ I certify that the meals above were delivered within appropriate temperatures and meet the meal pattern requirements of CACFP in accordance with the agreement between _____ and _____. _____ Site Supervisor: _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td> Actual Time of Delivery: _____ am/pm </td> </tr> </table> Delivery Representative: _____						Overall appearance of food:	1	2	3	4	5	Overall quality of food:	1	2	3	4	5	Proportion size (opinion):	1	2	3	4	5	Actual Time of Delivery: _____ am/pm
Overall appearance of food:	1	2	3	4	5																			
Overall quality of food:	1	2	3	4	5																			
Proportion size (opinion):	1	2	3	4	5																			
Actual Time of Delivery: _____ am/pm																								

Sponsor Name _____
 Kitchen Facility Name _____

At-Risk Delivery/Pickup Slip

Site:																								
Date of Delivery	Items	Serving Size	Number of Servings																					
Temperature upon Transport: _____ Temperature upon Delivery: _____ <i>Comments on Quality, Appearance, Freshness and Portion Size (To be filled out by site employee):</i> Please describe the food when it arrived. Rate the following with 1 being worst; 5 being best: <table border="0"> <tr> <td>Overall appearance of food:</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>Overall quality of food:</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>Proportion size (opinion):</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </table> Additional Comments: _____ _____ I certify that the meals above were delivered within appropriate temperatures and meet the meal pattern requirements of CACFP in accordance with the agreement between _____ and _____. _____ Site Supervisor: _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td> Actual Time of Delivery: _____ am/pm </td> </tr> </table> Delivery Representative: _____						Overall appearance of food:	1	2	3	4	5	Overall quality of food:	1	2	3	4	5	Proportion size (opinion):	1	2	3	4	5	Actual Time of Delivery: _____ am/pm
Overall appearance of food:	1	2	3	4	5																			
Overall quality of food:	1	2	3	4	5																			
Proportion size (opinion):	1	2	3	4	5																			
Actual Time of Delivery: _____ am/pm																								